

| POSITION                  | INITIALS  | ID NO.        | DATE            |
|---------------------------|-----------|---------------|-----------------|
| FEE DETERMINATION         | <i>AS</i> |               | <i>03/16/00</i> |
| O.I.P.E. CLASSIFIER       |           |               | <i>1339700</i>  |
| FORMALITY REVIEW          |           | <i>CER/IT</i> | <i>5-13-00</i>  |
| RESPONSE FORMALITY REVIEW |           | <i>CER/IT</i> | <i>7-24-00</i>  |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

| Claim    | Date |    |    |
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| Final    | 1    | 8  | 2  |
| Original | 19   | 25 | 20 |
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|          | 149  |  |  |
|          | 150  |  |  |

If more than 150 claims or 10 actions  
staple additional sheet her

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